



STATE OF MARYLAND

## Community Health Resources Commission

45 Calvert Street, Room 336 • Annapolis, Maryland 21401

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Larry Hogan, Governor – Boyd Rutherford, Lt. Governor

Elizabeth Chung, Chair – Mark Luckner, Executive Director

### *Supporting Local Health Improvement Coalitions (LHIC) and implementing the Diabetes Action Plan*

## **FY 2020 LHIC Call for Proposals**

March 5, 2020

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## OVERVIEW OF CHRC

The Maryland Community Health Resources Commission (CHRC) was created by the Maryland General Assembly through the *Community Health Care Access and Safety Net Act of 2005* to expand access to health care for low-income Marylanders and underserved communities in the state and to bolster the capacity of the health care safety net infrastructure to deliver affordable, high-quality health services. The CHRC is an independent commission within the Maryland Department of Health (MDH), and its 11 members are appointed by the Governor. In creating the Commission, the Maryland General Assembly recognized the need to have an independent commission that focuses on supporting projects that serve vulnerable populations, strengthen the state's network of community health resources, and address service delivery gaps in Maryland's dynamic health care marketplace. The fundamental policy objective of the CHRC's authorizing statute is the need to expand **access** to community health providers, since health insurance coverage alone is not always adequate for at-risk communities and vulnerable populations to receive affordable, high-quality health care services.

Since its inception, the Commission has issued 14 Calls for Proposals and awarded 236 grants totaling \$71.3 million, supporting programs in all 24 jurisdictions. These programs have provided services for more than 487,000 patients, most of whom are low-income and face Social Determinants of Health. Over this same period, the Commission has received 880 proposals for consideration, totaling more than \$412.3 million in funding requests. Investing public resources efficiently and strategically and achieving post-grant program sustainability are top priorities of the Commission, and CHRC grantees have used initial grant funds to leverage \$28.4 million in **additional** federal, private/non-profit, and local funding sources. Commission funded projects achieved a demonstrable return on investment (ROI) by reducing avoidable hospital and 911 system utilization. In addition, 75% of CHRC funded projects are sustained at least one year after the grant has ended.

The following table summarizes the types of grants that have been awarded by the CHRC.

Focus Area	# of Projects Funded	Total Award Provided	Cumulative Total	
			Patients Seen/Enrolled	Visits Provided
Expanding access to primary care at Maryland's safety net providers	71	\$18,304,428	91,490	280,948
Providing access to integrated behavioral health services	64	\$17,456,102	83,994	278,862
Increasing access to dental care for low-income Marylanders	43	\$8,655,606	67,616	153,791
Promoting women's health and addressing infant mortality	24	\$4,673,294	18,160	57,921
Reducing obesity and promoting food security	20	\$3,595,000	771	5,535
Promoting health information technology at community health centers	9	\$3,268,661	Health Information Technology	
Health Enterprise Zones	5	\$15,335,997	217,109	391,639
<b>Total Grant Funding Provided</b>	<b>236</b>	<b>\$71,289,088</b>	<b>487,912</b>	<b>1,200,937</b>
<b>Total Funding Requested</b>	<b>880</b>	<b>\$412,274,716</b>		
<b>Number of Patient/Clients Served</b>	<b>487,912</b>			
<b>Number of Patient/Client Encounters</b>	<b>1,200,937</b>			
<b>Additional federal and private resources leveraged</b>		<b>\$28,370,779</b>		

## CHRC AND LOCAL HEALTH IMPROVEMENT COALITIONS

Improving the health of all Marylanders through local coalition action and partnerships with community health resources is a mutual, ongoing goal of the CHRC and the MDH. LHICs are locally driven population health system planning and delivery collaboratives which have been used by Local Health Departments (LHDs) as an important entity to engage partners and the community for almost a decade.

The CHRC has supported Local Health Improvement Coalitions (LHICs), awarding \$1.96 million in fiscal years 2012-2014. In FY 2012, the CHRC provided base funding grants to

support LHIC capacity building and a variety of programs aligned with local health priorities. Additional bonus funding was then awarded on a competitive basis to LHICs that submitted proposals aligned with the statutory mission of the Commission and with State Health Improvement Process (SHIP) priority areas. In FY2013-2014, the CHRC issued a second LHIC RFP and awarded grants on a competitive basis to support targeted population health interventions and to fuel innovative LHIC partnerships with community health resources.

The current LHIC Call for Proposals, as in the past, continues the CHRC commitment to the mission and success of the LHICs.

### ***Supporting Local Health Improvement Coalitions to accelerate implementation of the Diabetes Action Plan***

The CHRC is releasing the FY2020 Local Health Improvement Coalition (LHIC) Call for Proposals with the aim of assisting LHICs to build the local support, capacity and infrastructure necessary to advance diabetes prevention and management initiatives, and other population health improvements.

The **Diabetes Action Plan** released by the Maryland Department of Health (MDH) in November 2019, will be used by the State of Maryland to drive a significant population health agenda in the Maryland Waiver with the Center for Medicare and Medicaid Innovation (CMMI), and is anchored on the LHIC infrastructure in communities. The Diabetes Action Plan highlights initiatives and strategies to broaden and strengthen collaboration among communities, organizations, businesses, local governments and individuals to improve diabetes prevention and the management of diabetes. Applicants are strongly encouraged to review the plan at:

<https://phpa.health.maryland.gov/CCDPC/Pages/diabetes-action-plan.aspx>

Maryland's success in improving diabetes prevention and management rests in large part with intentional and informed local collaborative actions. Given the significant commitment by the State of Maryland to improving diabetes outcomes, LHICs will need to assume new roles and assure new deliverables to secure progress in this priority area.

To this end, MDH recently initiated the **LHIC Redesign Program** which aims to support the LHDs by adding capability to every LHIC to advance diabetes and other population health improvement work. The Redesign Program emphasizes the important role that LHICs play in local communities while recognizing that some jurisdictions will need to redesign and/or re-invigorate their LHIC. The current CHRC LHIC Call for Proposals will provide grants that are intended to support the efforts of the LHICs to expand capacity and build on innovative partnerships with community health resources that advance the initiatives and strategies detailed in the Diabetes Action Plan.

Under the LHIC Redesign Program initiative, each LHIC has self-identified its current operational status, and MDH has grouped the LHICs into the following two tiers:

**Tier One:** LHICs housed in the local health department (LHD) or sitting outside of the LHD in a non-profit structure that do not have a strong and sustained community presence. Tier One LHICs are not currently multi-sectoral collaboratives focused on a population health improvement agenda, with active, working partners who hold decision-making authority within their respective organizations.

**Tier Two:** LHICs housed within the LHD or within a non-profit entity outside of the LHD that demonstrate a robust collective impact approach to population health improvement. Tier Two LHICs are composed of active, decision-level members reflecting a 'Health in All' type

orientation and having a collaborative structure that is multi-sectoral in composition, action and results.

A listing of the LHIC Tier Assignments is provided in Appendix I.

For the current LHIC Call for Proposals, the CHRC will be making available a potential total of \$1,000,000, which provides funding for six months from May 1 to October 1, 2020. LHIC applicants are encouraged to develop and submit proposals for staffing, support and planning needs, as well as other capacity building and administrative activities necessary to support diabetes-related initiatives.

The CHRC will award these grants on a **non-competitive** basis and divide the available \$1,000,000 evenly among the **24 Local Health Departments (LHDs)**, allocating approximately \$41,666 to each department. The LHD will administer the funds for their LHIC, or the LHIC to which they belong as is the case for the one multi-county LHIC (Caroline, Dorchester, Kent, Queen Anne's and Talbot). The Health Officers are responsible for the LHIC outcomes.

## KEY DATES TO REMEMBER

**The following are the key dates and deadlines for the FY 2020 Call for LHIC Proposals.**

March 5, 2020	Release of the Call for Proposals
<b>March 19, 2020 – 12 noon</b>	<b>Deadline for electronic receipt of applications</b>
<b>March 20, 2020</b>	<b>Deadline for receipt of original signed documents</b>
<b>April 20, 2020</b>	<b>CHRC issues grant award letters</b>

## GRANT ELIGIBILITY

The Commission will consider proposals from any local health improvement coalition eligible under the Commission's regulations found at Title 10, Subtitle 45 of the Code of Maryland Regulations (COMAR).

Given that each LHIC includes at least one local health department, the regulatory definition of "community health resource" found at COMAR 10.45.01.02B(7) is met. As with prior LHIC Calls for Proposals, **only Local Health Improvement Coalitions are eligible to respond to this FY2020 LHIC Call for Proposals.** While the Commission typically requires an entity submitting a proposal to provide documentation showing that it meets the "community health resource" definition, such documentation is ***not necessary*** as part of the response to the FY2020 LHIC Call for Proposals.

## GRANT REQUIREMENTS

The Department has defined tier-specific competencies and standards (deliverables) that each LHIC is required to meet over the six-month duration of this grant, which are provided in Appendix II.

The CHRC has streamlined the grant application process for this Call for Proposals. LHIC applicants are requested to submit the following items: (1) CHRC LHIC Budget Form (Appendix III); (2) CHRC LHIC Budget Narrative (Appendix IV); and (3) CHRC LHIC Grant Application Form (Appendix V).

As noted below, CHRC grant awards to the Tier One LHICs are expected to support capacity building (e.g., staffing) and infrastructure development (e.g., management practices); awards to the Tier Two LHICs are expected to support implementation, planning, design of initiatives and interventions tied to the Diabetes Action Plan. The grant awards will be distributed as follows:

- Initial 50% of the grant award will be released on or about May 1, 2020.
- Remaining 50% upon submission of all required documents and final grant report (on or before October 30, 2020).

It is expected that each LHIC will seek and develop non-State resources, either direct or in-kind, from diverse LHIC partners and others to advance the LHIC's work, particularly its implementation of the local Diabetes Initiative.

Grant applications that request funding to pay LHIC salaries or hourly wages should describe how the funded role(s) and responsibilities of the position(s) are necessary to build the LHIC capacities described on pages 4-5. For example, a LHIC Coordinator position may play a critical role in building organizational infrastructure and operational support or drive the strategic planning process necessary to facilitate LHIC efforts to support local diabetes initiatives. The application should provide projected salary or wages, fringe benefits, the percentage FTE requested, and role-based job responsibilities. If the salary/wage request exceeds the award limits specified by the Commission, the application must identify other sources of funding support to ensure the requested position is staffed within the grant period and sustained beyond the grant.

## PERMISSIBLE USES OF LHIC GRANT FUNDS

Guidelines for permissible application of grant funding have been jointly determined by the Commission and MDH. These guidelines include but are not limited to the following:

1. **Tier One:** LHICs under this category are encouraged to submit proposals for funding to apply towards staffing needs (e.g., hiring a LHIC Coordinator) or other support needs such as conducting the planning aspects for regular LHIC meetings, developing a robust plan for community engagement and a population health improvement plan with specific diabetes-related initiative(s), congruent with the LHIC's specific Redesign Plan.
2. **Tier Two:** LHICs under this category are encouraged to apply for funding to apply towards the planning, implementation and evaluation of the local diabetes initiative(s), such as staffing or other support needs, LHIC meetings, a limited amount of essential equipment and technology expenses, travel or training costs to increase the LHIC's capacity to implement a successful initiative or gather best practices and other data.
3. Grant funds may be used for project staff salaries and fringe benefits (fringe benefits are limited to 25% of the total salaries), consultant fees, data collection and analysis, project-related travel, conference calls and meetings, and office supplies and expenses. If the grantee requests more than 25% in fringe benefits, the applicant must provide a compelling rationale for exceeding this amount. Requests to exceed 25% will be considered case-by-case.

## EVALUATION AND MONITORING

As with the grant submission, LHIC grant reporting will be streamlined. LHICs will be required to submit the following:

1. a written progress and fiscal/expenditure report 90 days post grant award (July 30, 2020)
2. a written progress and fiscal/expenditure report six months post grant award (October 30, 2020)

Payment of the final grant invoice is contingent on the Commission receiving the six-month report in October 2020, and the final review of deliverables status by MDH.

## HOW TO APPLY

**The deadline for electronic submission of proposals is 12:00 p.m. (noon) March 19, 2020** as described below. The Commission staff will review the materials to verify that all the necessary items are provided.

**Original signed paper documents (listed below) will be due at the Commission's offices by March 20, 2020**, by U.S. Postal Service or private courier to the address below.

**Chris Kelter, Chief Financial Officer  
Maryland Community Health Resources Commission  
45 Calvert Street, Room 338  
Annapolis, MD 21401  
Telephone: (410) 260-6290**

Electronic versions of applications and proposals should be emailed to:  
[lhic.fy2020rfp@maryland.gov](mailto:lhic.fy2020rfp@maryland.gov). In the subject line of the email, please state your organization's name.

## REQUIRED PROPOSAL ITEMS

For proposals to be considered complete, the application package must include:

1. **Signed originals** of each of the following:
  - a. Cover/Transmittal Letter
  - b. Grant Application Form
  - c. Statement of Obligations, Assurances, and Conditions
2. Copies are acceptable for the following:
  - a. Budget template and narrative
  - b. Community needs assessment (if available)

A description of the components of the application is provided below.

**(1) Cover/Transmittal letter:** A letter from LHD Health Officer or LHIC Chief Executive officer with the title of the proposal, the applicant organization, and statement that the applicant organization understands that submission of a proposal constitutes acceptance of the terms of the grants program.

### **(2) Budget and Narrative**

The total budget amount must reflect the specific amount requested by the applicant for CHRC funding, which may or may not be the total expenditures. If the CHRC grant request is a portion of the overall cost of the program, clarify this (such as the percentage that the CHRC grant request is of the overall project cost), and indicate the sources of other funding.

Applicants must use the Budget Template Form provided in Appendix III of the Call for Proposals. Applicants must include a line-item budget narrative with purpose of each budget expenditure (Appendix IV).

### **(3) Grant Application Form:**

The form should be completed and signed by the individual primarily responsible for execution of the grant, the LHD Health Officer and/or the individual responsible for conducting the affairs of the applicant organization and legally authorized to execute contracts on behalf of the applicant organization (Appendix V).

## **INQUIRIES**

**Questions from Applicants:** Applicants may also submit written questions about the grants program at any time. Please email questions to Chris Kelter at [chris.kelter@maryland.gov](mailto:chris.kelter@maryland.gov). Responses will be provided on a timely basis by CHRC staff.

**Program Office:** The program office for the grants program is located at the Maryland Community Health Resources Commission. Staff members are:

**Mark Luckner, Executive Director:** E-mail: [mark.luckner@maryland.gov](mailto:mark.luckner@maryland.gov)

**Chris Kelter, Chief Financial Officer:** E-mail: [chris.kelter@maryland.gov](mailto:chris.kelter@maryland.gov)

**Michael Fay, Program Manager:** E-mail: [michael.fay@maryland.gov](mailto:michael.fay@maryland.gov)

**Jen Thayer, Administrator:** E-mail: [jen.thayer@maryland.gov](mailto:jen.thayer@maryland.gov)



## **ABOUT THE MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION**

*The Community Health Care Access and Safety Net Act of 2005* became law on May 10, 2005. The law authorized establishment of the 11-member Maryland Community Health Resources Commission to help communities in Maryland improve access to care for low-income families and under- and uninsured individuals. Current members of the Commission have been appointed by the Governor and are subject to confirmation by the Maryland State Senate. In 2014, the Maryland General Assembly approved legislation that re-authorized the CHRC until June 2025.

### **Current Commissioners**

Elizabeth Chung, Chair  
Scott T. Gibson  
J. Wayne Howard  
Celeste James  
Surina Jordan, Ph.D.  
Barry Ronan  
Erica I. Shelton, M.D.  
Carol Ivy Simmons, Ph.D.  
Julie Wagner  
Anthony Wisniewski, Esq.

## APPENDIX I: MDH Tier Assignments

February 21, 2020

Potential CHRC LHIC grant awards

The following table summarizes information forwarded by MDH (from MACHO) in which the LHICs 'self-identified':

Jurisdiction/LHIC	Tier 1	Tier 2
Allegany		X
Anne Arundel	X	
Baltimore City	X	
Baltimore County		X
Calvert	X	
Caroline/Dorchester/Kent/QA/Talbot	X	
Carroll	X	
Cecil		X
Charles	X	
Frederick	X	
Garrett		X
Harford	X	
Howard		X
Montgomery		X
Prince George's		X
St. Mary's		X
Washington		X
Somerset		X
Wicomico		X
Worcester		X
Total	8	12


indirect

indirect

## APPENDIX II: MDH LHIC Requirements

LHIC Funding Requirements and Specific Deliverables	
Initial Grant Submission & Award Requirements (Due March 19, 2020)	
Tier 1	Tier 2
Grant Application Cover Sheet & Application	Grant Application Cover Sheet & Application
Grant Budget Form with budget narrative description	Grant Budget Form with budget narrative description
Community Health Needs Assessment (if available)	Community Health Needs Assessment (if available)
Submit 90-days Post Grant Award (Due July 30, 2020)	
Tier 1	Tier 2
Interim Narrative Report (short project update)	Interim Narrative Report (short project update)
Expenditure Report	Expenditure Report
Deliverables Required at Six-Months (Due October 30, 2020)	
Tier 1	Tier 2
A formal document (e.g., a charter, agreement or bylaws) that define the LHIC's purpose and scope of work, structure, meeting schedule, and rules of engagement.	A well-defined structure and organizing agreements in the form of a charter, by-laws or other document expressing the purpose, scope of work, meeting schedules and rules of engagement
A roster of standing LHIC members and partners, reflecting multi-sectoral local collaboration	All LHIC members and partners are identified on a roster, are fully engaged and there is a written strategy to fill gaps by reaching out to missing sectors/partners
A community-oriented approach as indicated by a website presence, open meetings, publicly shared announcements and minutes, accessible data sets and/or other demonstrable indications of community involvement and input	There are clearly identified population health priorities with goals, objectives, strategies and measures presented in the form of a Local Health Improvement Plan and substantive work is underway to address some or all of these priorities. Improved diabetes prevention and/or management as a key priority area with explicit goals, strategies and measures
Local population health priorities are identified based on qualitative and quantitative analysis, including community and hospital Community Health Needs Assessments	If applicable to the jurisdiction, hospital Regional Partnership diabetes-related work is clearly aligned with the local LHIC's efforts
A distinct stream of work that is aligned with at least one (1) strategy in the Maryland Diabetes Action Plan and is identified among the LHIC's general population health improvement priorities	LHICs will develop and present to its community, stakeholders and MDH a local Diabetes Initiative to implement aspects of the Maryland Diabetes Action Plan.
Each LHIC will prepare and present to its community, stakeholders and MDH an actionable, measurable Local Health Improvement Plan by September 30, 2020	Tier Two funding is used to apply towards the planning, implementation and evaluation of the local diabetes initiative(s), such as staffing or other support needs, meetings, equipment and technology expenses, travel or training costs to increase the LHIC's capacity to implement a successful initiative or gather best practices
Base funding is used to apply towards staffing or other support needs, as identified in the LHIC's specific FY 2020 LHIC Redesign Plan. Staff support is available to conduct planning aspects of regular LHIC meetings, to develop robust community engagement, and a population health improvement plan with a specific diabetes-related initiative(s).	

## APPENDIX III: CHRC LHIC Budget Template

Budget Form Template Local Health Improvement Coalition			
MARYLAND COMMUNITY HEALTH RESOURCES COMMISSION			
Health Department / LHIC Name:			
Revenues	Budget Revenue	% of <u>Total</u> Project Budget	
CHRC Grant Request	1	50%	
Other Grant/Funding Support	1	50%	
<b>Total Project Cost</b>	<b>2</b>	<b>100%</b>	
Line Item Budget for <u>CHRC</u> Grant Request	Year 1 CHRC Budget Request	Line Item Total Budget Request	
<b>Personnel Salary</b> (enter the requested information for each FTE; do not provide the salaries as a single, total number)			
% FTE - Name, Title		0	
		0	
<b>Personnel Subtotal</b>	0	0	
<b>Personnel Fringe</b> (no more than 25% of Personnel costs)		0	
<b>Equipment / Furniture</b>		0	
<b>Supplies</b>		0	
<b>Travel / Mileage / Parking</b>		0	
<b>Staff Training / Development</b>		0	
<b>Contractual</b> (>\$5k itemize below with details in budget justification)		0	
		0	
<b>Other Expenses</b> (not otherwise captured above)		0	
<b>Totals</b>	<b>0</b>	<b>0</b>	
<b>Percent of the Organization's Total Budget that this Project Budget Represents:</b>			

## APPENDIX IV: CHRC LHIC Budget Narrative



### Budget Narrative Template

INSERT HD / LHIC NAME

### FY 2020 LHIC Grant Application

#### **Personnel Salaries**

Provide salary detail for all project staff. Provide the total cost, percent FTE, name, position, and brief description of work to be performed in support of the project for each individual.

#### **Personnel Fringe**

Provide percentage used in calculation of salary fringes and identify any increases in the rate used for budget calculations. **The Commission advises that the fringe rate be calculated at no more than 25%. If the grantee requests more than 25%, the applicant will be required to provide a compelling rationale for exceeding this amount.**

#### **Equipment/Furniture**

Provide a brief description of any equipment/furniture with an explanation for the use of the item(s) to be purchased with grant funding in support of this project. *Example: \$3,200 to purchase a spirometer to measure air flow for students participating in asthma management at SBWC.*

#### **Supplies**

Identify types of supplies and estimated costs.

#### **Travel/Mileage/Parking**

Identify costs and reasons for travel.

#### **Staff Trainings/Development**

Identify type of training, who will receive the training, and costs for the training. Please explain how this training will benefit the project.

#### **Contractual**

Individual contractual budget items that exceed \$5,000 must be listed separately on the grant budget template. List services provided by a business, organization, or individual who is not a state employee such as: advertising, utilities, repairs and rentals/leases, and professional services.

Identify each individual vendor/contractor, the cost of the total contract, and how this contract relates to the overall execution of the program. Do not include expenses covered under other line items such as "Equipment/Furniture", "Supplies", or under "Other Expenses".

#### **Other Expenses**

Identify any additional expenses using grant funding and provide estimates of the expenses.

#### **Indirect Costs**

The submission of indirect costs is not permissible under this Call for Proposals.

## APPENDIX V: CHRC LHIC Grant Application Form



STATE OF MARYLAND

### Community Health Resources Commission

45 Calvert Street, Annapolis, MD 21401, Room 336

Office (410) 260-6290

Fax No. (410) 626-0304

Larry Hogan, Governor – Boyd Rutherford, Lt. Governor

Elizabeth Chung, Chair – Mark Luckner, Executive Director

### Local Health Improvement Coalition (LHIC)

#### Grant Application FY 2020

CHRC Local Health Improvement Coalition (LHIC) APPLICATION	
1. Local Health Department Name:	Click here to enter text.
2. Local Health Department Address:	Click here to enter text.
3. Name, Telephone # and email address of Health Officer:	Click here to enter text.
4. Name, Telephone # and email address of LHIC Contact:	Click here to enter text.
5. Additional Contact Person (if applicable) :	Click here to enter text.
6. LHIC Tier Level & Jurisdiction	Click here to enter text.
7. Describe current condition of LHIC: (e.g., LHIC staffed and meeting w/community partners regularly): Click here to enter text.	
8. A description of the project including: the services the project will provide, the target population, and the strategies for implementing the priorities of the Diabetes Action Plan in the community (maximum 500 words): Click here to enter text.	
10. A list of other organizations participating or partnering in the LHIC: Click here to enter text.	

#### Official Authorized to Execute Contracts:

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_